

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: CLOCK DATA RECOVERY CIRCUIT

Attorney Docket Number:: 032404-082

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: ✓ Hirofumi

Middle Name::

Family Name:: TOTSUKA

Name Suffix::

City of Residence:: Tokyo

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,
Marunouchi 2-chome, Chiyoda-ku

City of Mailing Address:: Tokyo

State or Province of Mailing

Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 100-8310

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: ✓Hitoyuki

Middle Name::

Family Name:: TAGAMI

Name Suffix::

City of Residence:: Tokyo

State or Province of Residence::

Country of Residence:: Japan

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Postal or Zip Code of Mailing Address:: 100-8310

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application:: Parent Filing Date::
This Application	National Stage of	PCT/JP03/05584 05/01/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Mitsubishi Denki Kabushiki Kaisha

Street of Mailing Address:: 2-3, Marunouchi 2-chome, Chiyoda-ku

City of Mailing Address:: Tokyo

**State or Province of Mailing
Address::**

Country of Mailing Address:: Japan

**Postal or Zip Code of Mailing
Address::** 100-8310